

**SPECIAL EDUCATION SERVICES**  
**Notice of Individualized Educational Program (IEP) Meeting**

To: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date Sent to Participants: \_\_\_\_/\_\_\_\_/\_\_\_\_

This is to notify you that an IEP team meeting has been scheduled for the above student. Your participation and attendance at this meeting are very important. This IEP meeting must be scheduled at a mutually agreed upon time and place. The purpose of this meeting is to (check all that apply):

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|--|--|
| <p>___ Develop an initial IEP</p> <p>___ Review and/or revise the current IEP</p> <p>___ Develop and/or consider transition services (see *)</p> <p>___ Discuss graduation</p> <p>___ Discuss progress or lack of expected progress towards annual goals and in the general education curriculum</p> <p>___ Other: _____</p> | <p>___ Review instructional needs of the student</p> <p>___ Consider the results of any evaluations and or re-evaluations</p> <p>___ Consider termination of services</p> <p>___ Determine placement</p> |
|--|--|

This meeting has been scheduled for: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

The following are invited to attend and participate in the IEP meeting:


\* If the purpose of the meeting includes the development of transition services needs (beginning at age 14 or younger) the student will be invited. If the purpose of the meeting is the consideration of needed transition services (beginning at age 16 or younger) the student and representatives of the following agencies will be invited: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The parent/adult student or school division may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate as a member of the IEP team. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. If you, the parent or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_.

Procedural Safeguards Notice is enclosed.

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To the Parent/Student \_\_\_\_\_ Student: \_\_\_\_\_ Date of IEP meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check your choice. Detach and return this section to \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_.

\_\_\_ I, the parent, \_\_\_ I, the student, **will attend** the IEP meeting as scheduled.

\_\_\_ I, the parent, \_\_\_ I, the student, **cannot attend** the IEP meeting as scheduled. Please reschedule this meeting.

\_\_\_ I can attend on (month/ day/ year) \_\_\_\_/\_\_\_\_/\_\_\_\_ at (time/place) \_\_\_\_\_.

\_\_\_ Please contact me at (\_\_\_\_) \_\_\_\_\_ to determine a mutually agreeable date, time, and place for this IEP meeting.

\_\_\_ I, the parent, \_\_\_ I, the student, **do not wish to attend** this IEP meeting even though I understand the importance of attending. You may hold this meeting in my absence.

\_\_\_\_ I, the parent, \_\_\_\_ I, the student, would like my preferences, interests, and concerns shared with the IEP team.

I will provide my input to you by: \_\_\_\_ mail, \_\_\_\_ telephone, or \_\_\_\_ other means: \_\_\_\_\_ prior to the meeting.

I will need the following accommodations for this IEP meeting:

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date received by the school :  
\_\_\_\_/\_\_\_\_/\_\_\_\_